

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND
1	/						51
2		/					52
3	/						53
4	/						54
5	/						55
6	/						56
7		/					57
8		①					58
9		/					59
10		/					60
11		①					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		/					67
18		/					68
19		/					69
20		/					70
21		/					71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2						
TOTAL DEP.		19					
TOTAL CLAIMS	21						